## POOR QUALITY ORIGINAL

MIED ProSe 1 (Rev 5/16) Complaint for a Civil Case

## IN THE UNITED STATES DISTRICT COURT FOR THE EASTERN DISTRICT OF MICHIGAN

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Tina Mi Hison

V.

Detroit Rescue Mission Ministries
1) Barbara Willis
2) Dr. Chad Mudi
3) Belinda Flowers
4) Danielle Loveland
5) Beverly Stewart

Case: 2:24-cv-12447
Assigned To: White, Robert J.
Referral Judge: Grand, David R.
Assign. Date: 9/17/2024
Description: CMP HILSON V.
DETROIT RESCUE MISSION MINISTRIES ET AL. (AB)

Jury Trial: Yes \( \subseteq \text{ No} \)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

**Complaint for a Civil Case** 

## I. The Parties to This Complaint

### A. The Plaintiff(s)

B.

` '	
Provide the information be additional pages if needed	elow for each plaintiff named in the complaint. Attach
Name	Tina M. Hilson
Street Address	14950 Greenfield Rd, Apt 312
City and County	Detroit (Wayne)
State and Zip Code	Michigan 48227
Telephone Numbe	r (313) 955-2217
E-mail Address	benedward 1945 Ogmail.com
The Defendant(s)	
defendant is an individual	elow for each defendant named in the complaint, whether the a government agency, an organization, or a corporation. nt, include the person's job or title (if known). Attach
Defendant No. 1	
Name	Ms. Barbara Willis (DRMM)
Job or Title (if known)	Ms. Barbara Willis (DRMM) Chief OPerating Officer

سو د	001			
15	OStir	nson		
Det	roit L	Wayr	re)	
mi	chiga	n 418	201	
(313)	chiga 1993-	4700	$\mathcal{O}$	
No	ot Kno	wn		

### Defendant No. 2

Street Address
City and County
State and Zip Code
Telephone Number
E-mail Address
(if known)

Name	Dr. Chad Audi (Demm)
Job or Title (if known)	CEO. President
Street Address	150 Stimson
City and County	Detroit (Wayne)
State and Zip Code	Michigan 48201
Telephone Number	(313) 993-4700
E-mail Address (if known)	Not Known

See nHuch shoot

## MIED ProSe 1 (Rev 5/16) Complaint for a Civil Case Defendant No. 3 Name Job or Title Human Kesources (if known) Street Address City and County State and Zip Code Telephone Number E-mail Address (if known) Defendant No. 4 Name Job or Title (if known) hicago St. Street Address City and County State and Zip Code Telephone Number E-mail Address nown

#### II. Basis for Jurisdiction

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000 is a diversity of citizenship case. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal court jurisdiction? (check all that apply)

Federal question

(if known)

☐ Diversity of citizenship

See attached:

Fill out the paragraphs in this section that apply to this case.

5) Ms. Beverly Stewart (DRMM)
Payroll/Benefit Specialist
1:50 Stimson
Detroit (Wayne)
Michigan 48201
(313) 993-4700
Not Known

(1)	,	anti for a Civil Case
A. If the	ne Bas	is for Jurisdiction Is a Federal Question
1. U. - 21-42 3)-42 4) 28 (	U.S.F.	ecific federal statutes, federal treaties, and/or provisions of the United States on that are at issue in this case, stitution under the 14 mendment (130, 131)  1331  1331  1331  1330-2(G). (1) 7) see attached
		s for Jurisdiction Is Diversity of Citizenship
1.	The	e Plaintiff(s)
	a.	If the plaintiff is an individual  The plaintiff, (name), is a citizen of the State of (name),
	ь.	If the plaintiff is a corporation  The plaintiff, (name), is incorporated under the laws of the State of (name), and has its principal place of business in the  State of (name)
	(If m prov	nore than one plaintiff is named in the complaint, attach an additional page iding the same information for each additional plaintiff.)
2.	The	Defendant(s)
	a.	If the defendant is an individual The defendant, (name), is a citizen of the State of (name) Or is a citizen of (foreign nation)
	b.	If the defendant is a corporation  The defendant, (name), is incorporated under the laws of the State of (name), and has its principal place of business in the State of (name)  Or is incorporated under the laws of (foreign nation), and has its principal place of business in (name)

(If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant.)

2) 42 USC 12112 (A)(5)(A)

8) EE.OL The Family and Medical Leave Act "/ The A.D.A and Title VII of the Civil Rights Act of 1964.

9) Americans with Disabilities Title I

10)29 C.F.R Part 1630. 29 C.F.R Part 1614

11) Americans with Disabilities Act of 1990 A.D.A.

12) 29 C.F.R 1630.7 (0).(3).

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## 3. The Amount in Controversy

The amount in controversy—the amount the plaintiff claims the defendant owes or the amount at stake—is more than \$75,000, not counting interest and costs of court, because (explain):

## III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

2pr2. Work Place Discimination
3pr3. Denial of Reasonable Accommodation

4) pr4. Failure to Engage in Interactive Process 5) pr5. Systematic Constructive Discharge 6) pr6. Wrongful Termination

## Next:

Dort The FMLA and the A.D.A, both require and the covered employer to grant medical leave, F.M.L.A, covers private employers with protected class.

See Attached:

## - Pga. Attached Statement of Claim

2) prid. Detroit Rescue Mission Ministries Administrative Policy's created an effect of discrimination in the workplace, that had an Adverse Impact, which lead to my wrongful termination based onmy disability.

3)pr3. This petitioner qualified and was hired for the job position on July 5,2016,

4)pr4. Petitioner was treated differently from other DR.M.M. employees interms of the Medical Leave of Absence Extentions.

5)prs. This petitioner is entitled to damages and of relief.

# [Involvement]

1) Pr1. DR.M.M.-Chief OPerating Officer
Ms. Barbara Will's Violation of, 29 C.f.R.1630.7
Created Administration Policy. Hhat
have the effect of discriminating
on the basis, of disability: by denying
this petiotioner's request for reasonable
Accommodation. Feb 9, 2022 - April 22, 2022

2) pr. 2 Dl. M.M.-CEO President-Dr. Chad And; Acting in concert with the Administrative Policy denyed this petitioner's request for a reasonable Accommodation, Feb 9.2022 Claim Attach mont, Of, B - April 22, 2022

# - P3. Attached Statement of Claim

3)pr3. DR.M.M Human Resource Director, Ms, Belinda Flowers Acting in Concert with D.R.MM Administrative Policy, denied this petitioners request for a reasonable accommodation. Feb. 9, 2022 - April 22, 2022

4)pr.4, D.R.M.M. Supervisor
Ms. Danielle Copeland, acting in concert
with the policy denied plaintiff's request
for Reasonable accommodation. Feb. 9, 2022-April 2022.

5)pr.s Defendants Adverse Conduct Cause Adverse Harm, as well as Emotionisty Loss of Wages Future Earnings Harm

(4) pr.6 Note: D.L.M.M. Chief Operating Officer,
Ms. Barbara Willis, Active Role in
this cause of action created the
Policy that cause this plaintiff to
be subjected to D.L.M.M. negative
disproportionate adverse impact of
and-adverse discrimination, wrongful
termination due to my disability!

29 C.f. R. 1630.7. Standards, Critaria, OR Mothods of Administration.

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#### IV. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

1) Compensatory Damages:

1) Wrongful Termination

2) Workplace Discrimination

3) Disability Discrimination

4) 600,000

2) General Damages

1) Pain and Suffering

2) Emotional Distress

3) Loss of Wages/Future earnings

4) 37,400

See Attachedi

#### V. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

### A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing:	, 20	•		
Signature of Plaintiff			_	
Printed Name of Plaintiff				

- Ba. Attached I Relief"

Dunitive Damages
Diviolation of U.S. Equal Employment
Commission's The Family and Medical Leave
Act, The ADA and the Title VII of the
Civil Rights Act of 1964.

2) The ADA: Your Employment Rights as an Individual with a Disability,

3) Detroit Rescue Mission Ministries
1) Violated Employee Manual Policy
Family Medical Leave Act Stime Off.

4) 200,000

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**Additional Information:** 

#### JS 44 (Rev. 10/20) Case 2:24-cv-12447-RJW-DRCTVEROSPIEL3 Filed 09/01/71/24-which agron 1/20 of 14 The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.) I. (a) PLAINTIFFS , panierie Copeland (b) County of Residence of First Listed Plaintiff County of Residence of First Listed Defendant (EXCEPT IN U.S. PLAINTIFF C (IN U.S. PLAINTIFF CASES ONLY IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED. Attomeys (If Known) (c) Attorneys (Firm Name, Address, and Telephone Number) II. BASIS OF JURISDICTION (Place an "X" in One Box Only) III. CITIZENSHIP OF PRINCIPAL PARTIES (Place an "X" in One Box for Plaintiff (For Diversity Cases Only) and One Box for Defendant) Federal Question 1 U.S. Government PTF DEF DEF Plaintiff (U.S. Government Not a Party) Citizen of This State Incorporated or Principal Place of Business In This State 12 U.S. Government 4 Diversity Citizen of Another State 2 Incorporated and Principal Place (Indicate Citizenship of Parties in Item III) Defendant of Business In Another State Citizen or Subject of a 3 Foreign Nation Foreign Country IV. NATURE OF SUIT (Place an "X" in One Box Only) Click here for: Nature of Suit Code Descriptions CONTRACT TORTS FORFEITURE/PENALTY BANKRUPTCY OTHER STATUTES 110 Insurance PERSONAL INJURY PERSONAL INJURY 625 Drug Related Seizure 422 Appeal 28 USC 158 375 False Claims Act 120 Marine 310 Airplane 365 Personal Injury of Property 21 USC 881 423 Withdrawal 376 Qui Tam (31 USC 315 Airplane Product 130 Miller Act Product Liability 690 Other 28 USC 157 3729(a)) 140 Negotiable Instrument Liability 367 Health Care/ 400 State Reapportionment 150 Recovery of Overpayment 320 Assault, Libel & **Pharmaceutical** PROPERTY RIGHTS 410 Antitrust & Enforcement of Judgment Personal Injury 430 Banks and Banking Slander 820 Copyrights 830 Patent 151 Medicare Act 330 Federal Employers' Product Liability 450 Commerce 152 Recovery of Defaulted Liability 368 Asbestos Personal 835 Patent - Abbreviated 460 Deportation 340 Marine New Drug Application 470 Racketeer Influenced and Student Loans Injury Product 345 Marine Product (Excludes Veterans) Liability 840 Trademark Corrupt Organizations ☐ 153 Recovery of Overpayment Liability PERSONAL PROPERTY LABOR 880 Defend Trade Secrets 480 Consumer Credit of Veteran's Benefits 350 Motor Vehicle 370 Other Fraud 710 Fair Labor Standards Act of 2016 (15 USC 1681 or 1692) 355 Motor Vehicle 485 Telephone Consumer 160 Stockholders' Suits 371 Truth in Lending Act 720 Labor/Management 190 Other Contract Product Liability 380 Other Personal SOCIAL SECURITY Protection Act 195 Contract Product Liability 360 Other Personal Property Damage Relations 861 HIA (1395ff) 490 Cable/Sat TV 740 Railway Labor Act ☐ 385 Property Damage 862 Black Lung (923) 196 Franchise Injury 850 Securities/Commodities/ 362 Personal Injury -Product Liability 751 Family and Medical 863 DIWC/DIWW (405(g)) Exchange Medical Malpractice Leave Act 864 SSID Title XVI 890 Other Statutory Actions REAL PROPERTY CIVIL RIGHTS PRISONER PETITIONS 790 Other Labor Litigation 865 RSI (405(g)) 891 Agricultural Acts 210 Land Condemnation 440 Other Civil Rights Habeas Corpus: 791 Employee Retirement 893 Environmental Matters FEDERAL TAX SUITS 220 Foreclosure 441 Voting 463 Alien Detainee Income Security Act 895 Freedom of Information 230 Rent Lease & Ejectment 442 Employment 510 Motions to Vacate 870 Taxes (U.S. Plaintiff Act or Defendant) 896 Arbitration 240 Torts to Land 443 Housing/ Sentence 530 General 871 IRS-Third Party 245 Tort Product Liability Accommodations 899 Administrative Procedure 535 Death Penalty **IMMIGRATION** 26 USC 7609 Act/Review or Appeal of 290 All Other Real Property 445 Amer. w/Disabilities 462 Naturalization Application Agency Decision Employment Other: 446 Amer. w/Disabilities 540 Mandamus & Other 465 Other Immigration 950 Constitutionality of Other 550 Civil Rights Actions State Statutes 448 Education 555 Prison Condition 560 Civil Detainee -Conditions of Confinement ORIGIN (Place an "X" in One Box Only) 2 Removed from 6 Multidistrict 4 Reinstated or 5 Transferred from ■ 8 Multidistrict Original $\square$ 3 Remanded from State Court Appellate Court Another District Litigation -Litigation -Proceeding Reopened Transfer Direct File (specify) Tite the U.S. Givil Statute under which you are filing (Do not cife jurisdictional statutes unless diversity): VI. CAUSE OF ACTION CHECK YES only if demanded in complaint: VII. REQUESTED IN DEMAND S CHECK IF THIS IS A CLASS AC UNDER RULE 23, F.R.Cv.P. **COMPLAINT:** JURY DEMAND: Yes VIII. RELATED CASE(S) (See instructions). IF ANY DOCKET NUMBER DATE SIGNATURE OF ATTORNEY OF RECORD September 17, 2024

APPLYING IFP

JUDGE

MAG. JUDGE

FOR OFFICE USE ONLY

**AMOUNT** 

RECEIPT #

## **PURSUANT TO LOCAL RULE 83.11**

1.	Is this a case that has been previously dismissed?	Yes
If yes, gi	ve the following information:	X No
Court:		
Case No.	:	
2.	Other than stated above, are there any pending or previously discontinued or dismissed companion cases in this or any other court, including state court? (Companion cases are matters in which it appears substantially similar evidence will be offered or the same or related parties are present and the cases arise out of the same transaction or occurrence.)	Yes No
If yes, gi	ve the following information:	
Court:		
Case No.		
Judge:		
Notes :		